31	A		
R.C.	351	7.1	0

Statement of Contributions Received

Page	

Prescribed by Secretary of State 03/05

	· · · · · · · · · · · · · · · · · · ·	Domin	antion.	N 7	dese ii	e Da	Ċ "'
		Kegis	ranon	Nun	iber, ii	i PA	C
TF 1 /0				_		-	Form (Cash, Check, etc.)
							Check
State OH	Zip Code 43113	0 9	1	3	1 Y	0	Amount \$100.00
Full Name of Contributor Registration Number, if P						f PA	С
Employer/Occu	pation/Labor Organization*				Form (Cash, Check, etc.)		
State OH	Zip Code	M	E		Y		Amount
		Regis	ration	Nun	iber, ii	f PA	C
Employer/Occu	pation/Labor Organization*					Form (Cash, Check, etc.)	
State OH	Zip Code	М	C		Y		Amount
1		Regis	tration	Nun	ıber, i	f PA	C
Employer/Occu	pation/Labor Organization*	Form (Cash, Check, etc.)					
						ı	
Stație OH	Zip Code	M	Ľ		Y		Amount
· · · ·		Regis	Registration Number, if PAC			.C	
Employer/Occu	pation/Labor Organization*	For			Form (Cash, Check, etc.)		
						_	
State OH	Zip Code	M			Y	ı	Amount
- 		Registration Number, if PA			C		
Employer/Occu	pation/Labor Organization*						Form (Cash, Check, etc.)
State OH	Zip Code	M.	I		Y		Amount
1 9.:		Regis	tration	Nun	iber, i	f PA	.C
T=						_	Form (Cash, Check, etc.)
Employer/Occu	pation/Labor Organization						Tothi (Casii, Check, Ge.)
State OH	Zip Code	M) 	Y		Amount
		Regis	tration	Nun	iber, i	f PA	C
Employer/Occu	pation/Labor Organization*						Form (Cash, Check, etc.)
State OH	Zip Code	М	1		Y		Amount
	Employer/Occu State OH Employer/Occu	Employer/Occupation/Labor Organization* Employer/Occupation/Labor Organization* Employer/Occupation/Labor Organization* State OH Zip Code Employer/Occupation/Labor Organization* State Zip Code Employer/Occupation/Labor Organization*	Employer/Occupation/Labor Organization State Zip Code OH A3113 O Gregist Employer/Occupation/Labor Organization State Zip Code M Regist Employer/Occupation/Labor Organization State Zip Code M Regist	Employer/Occupation/Labor Organization State Zip Code OH 43113	Employer/Occupation/Labor Organization State Zip Code OH 43113	Employer/Occupation/Labor Organization State	State OH

^{*} Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]